



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Health Systems Protection

Low Income Charge Request

This letter serves to advise you that the charge for a Delaware Medical Marijuana registry card is \$125. The patient and/or any persons legally liable under Title 29, Section 7940 of the Delaware Code will be billed for this charge. **SIGN and return this letter** with all required documents to the Delaware Medical Marijuana Program (MMP) to request consideration for a lower application fee.

- ☐ I will make full payment as billed.
☐ I am unable to pay the full amount.

Date: _____

Signature: _____

If unable to pay the full amount, submit the following information for review to determine an appropriate payment based on your ability to pay.

- ☐ A copy of your most recent Federal and State Income Tax returns
☐ A copy of all W-2 Forms submitted with your tax returns
☐ Other documents which show your current income including Social Security Statements
☐ **Number of people that are living in your household**

MMP will be unable to make any adjustments to the amount which you are required to pay if the information is not submitted.

Sincerely,

Paul Hyland,
Program Manager
Office Medical Marijuana



Low Income Charge Request

In order to determine a standard ability to pay for the Medical Marijuana registry card, the program has based its requirements on the DHSS policy memorandum number 37. The ability to pay will be determined utilizing a sliding scale, set with a range of 230% to 290% of the poverty level, with anyone whose gross income is at 230% or less of the poverty level receiving the registry card free of charge. The percentage of charges to be paid will increase 20% for each 15% of the poverty level the gross income increases, with anyone whose gross income is above 290% of the poverty level paying 100% of the charge. The table below shows the actual income levels to be used for family levels from 1 to 10.

This table shows the fee that will be charged to low income applicants based on the 2015 Poverty Guidelines set by the Federal government. For example, if there are four people living in the household, and the total gross annual household income is at least \$63,050 and less than \$66,688, then this person would be in the 275 percentile of the Federal poverty level and, as such, be charged 40% of the full fees, or \$50 for the registration fee.

2015 POVERTY GUIDELINES SET BY THE FEDERAL GOVERNMENT

<i>Gross Annual Household Income up to the following % of Federal Poverty Level</i>								
<i>Size of Household</i>	<i>Up to 100%</i>	<i>Up to 230%</i>	<i>Up to 245%</i>	<i>Up to 260%</i>	<i>Up to 275%</i>	<i>Up to 290%</i>	<i>More than</i>	
1	\$ 11,770	\$ 27,071	\$ 28,837	\$ 30,602	\$ 32,368	\$ 34,133	\$ 34,133	
2	\$ 15,930	\$ 36,639	\$ 39,029	\$ 41,418	\$ 43,808	\$ 46,197	\$ 46,197	
3	\$ 20,090	\$ 46,207	\$ 49,221	\$ 52,234	\$ 55,248	\$ 58,261	\$ 58,261	
4	\$ 24,250	\$ 55,775	\$ 59,413	\$ 63,050	\$ 66,688	\$ 70,325	\$ 70,325	
5	\$ 28,410	\$ 65,343	\$ 69,605	\$ 73,866	\$ 78,128	\$ 82,389	\$ 82,389	
6	\$ 32,570	\$ 74,911	\$ 79,797	\$ 84,682	\$ 89,568	\$ 94,453	\$ 94,453	
7	\$ 36,730	\$ 84,479	\$ 89,989	\$ 95,498	\$ 101,008	\$ 106,517	\$ 106,517	
8	\$ 40,890	\$ 94,047	\$ 100,181	\$ 106,314	\$ 112,448	\$ 118,581	\$ 118,581	
9	\$ 45,050	\$ 103,615	\$ 110,373	\$ 117,130	\$ 123,888	\$ 130,645	\$ 130,645	
10	\$ 49,210	\$ 113,183	\$ 120,565	\$ 127,946	\$ 135,328	\$ 142,709	\$ 142,709	
% charges to be paid	0%	0%	20%	40%	60%	80%	100%	

<i>Low Income Fee Schedule</i>						
<i>Percentage of fee to be paid</i>	0%	20%	40%	60%	80%	100%
Patient Application Fee	\$0	\$25	\$50	\$75	\$100	\$125
Caregiver Application Fee	\$0	\$25	\$50	\$75	\$100	\$125
Patient Renewal Fee	\$0	\$25	\$50	\$75	\$100	\$125
Caregiver Renewal Fee	\$0	\$25	\$50	\$75	\$100	\$125

What is your total gross household income?
How many people are in your household?

Please complete and sign the attached letter, include proof of your income, and submit with your application.